




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 97 FEB 10 PM 3:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # K39108					
1. Corporation Name K.W. Liquors, Inc. P.O. Box 570326 Miami, Florida 33157					
Principal Place of Business 29000 S. Dixie Highway Miami, Florida 33257-0337			Mailing Address 29000 S. Dixie Highway Miami, Florida 33257-0337		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number <div style="border: 1px solid black; padding: 2px;">65-0082161</div> <div style="display: flex; justify-content: space-between; font-size: small;"> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status </div>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip	
	P	Carman Rollo	29000 S. Dixie Highway	Miami, Florida 33257-0337	
	S/T	John Travaline	29000 S. Dixie Highway	Miami, Florida 33257-0337	
				500002085575--0	
				-02/12/97--01098--001	
				***1080.00 ***1080.00	
<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold; position: relative; top: -20px;">95-97</div> <div style="font-size: 1.2em; font-weight: bold; position: relative; top: -10px;">U. Alan</div> <div style="font-size: 1.2em; font-weight: bold; position: relative; top: 10px;">2/10/97</div>					
8. Name and Address of Current Registered Agent Karen Willner 8400 SW 146 Street Miami, Florida 33158			9. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;"> Name Carman Rollo Street Address (P.O. Box Number is Not Acceptable) 29000 S. Dixie Highway Suite, Apt. #, Etc. City Miami State FL Zip Code 33257-0337 </div>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. <div style="display: flex; justify-content: space-between;"> <div> Signature of Registered Agent:  </div> <div> Date: 2/4/97 </div> </div> <div style="text-align: center; margin-top: 5px;"> REGISTERED AGENT MUST SIGN </div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 					

CR2E040 (12/95)